

2006 IMPLEMENTATION REVIEW OF NEW MEDICAID SERVICES

SECTION I: PERSON-CENTERED PLANNING

REVIEWER INSTRUCTIONS

Sample: For PCP specific questions, each provider is asked to bring to the review site, 5 PCPs for individuals that they are serving. If they do not yet have 5, they need to bring as many as they have.

NOTE: We will review services such as Diagnostic Assessment and Mobile Crisis, for which the provider will not have a PCP. In those cases, Qs 1-5 below will be rated “9”/Not Applicable.

Q1 – “Important TO” Information

- Review the 3 interview sections of the PCP, with particular emphasis on the “Preferences” and “Supports” blocks which incorporate the “what’s important TO” information.
- Review the Action Plan – long and short term goals.
- Determine if the “Important TO” information was carried over into the Action Plan.

Q2 – Person Participated

- Review the Personal Interview page of the PCP to determine that the person was involved in giving information.
- Review the signature page for the initial plan and any revisions/updates for a signature in the “Person Receiving Services” block. The signature is required if the person is their own legally responsible party. If not the LRP,
- There must be a signature by the LRP in the signature block below.

Q3 – Service Orders

- Check to see if the services outlined in the plan have been ordered using the PCP by reviewing the signature page.
- 3a. The signature block for “Medicaid Funded Services” must be signed by either an MD, a licensed psychologist, licensed family nurse practitioner, or a licensed physician’s assistant (unless the service definition allows for other).
- 3b. Only for PCP’s done on the newest form (posted 7/13/06), look for the “annual review of medical necessity” date to have been filled in.
- If using the OLD PCP form, if 3a is “met”, then Q3 is “met” (rate 3b NA).
- If using the NEW PCP form, both 3a and 3b must be “met” for Q3 to be “met”.

Q4 – First Responder Information. To rate Q4 as “met” the following must be completed:

- Box on the face sheet of the plan for Clinical Home Agency, First Responder Contact, and numbers.
- Page 10 of the PCP – Crisis Prevention/Crisis Response, Contact List, First Responder information at the top.

Q5 – Crisis Prevention/Crisis Response

- Pages 9 and 10 of the PCP must be completed.

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SECTION II: SERVICE IMPLEMENTATION and MOA

REVIEWER INSTRUCTIONS

SERVICE IMPLEMENTATION (Q1 – Q5)

Q1 – Endorsement

- This question only applies to Community Supports. Rate this question N/A for all other services.
- Review the service type billed [CS-Adults, CS-Children/Adolescent or Community Support Team (CST)]. Ask the provider for the endorsement letter from the appropriate LME (pre-printed on the tool) relating to that service.
- If the service type billed indicates CS-Group, the reviewer must determine if the group service delivered was CS-Adult or CS-Child. Once determined, ask the provider for the endorsement letter from the appropriate LME (pre-printed on the tool) relating to that service.

Q2 – Training Requirements

- The reviewer will ask the provider what their process is for ensuring that staff meet the training requirements:
 - 50% of staff providing services must complete training within 6 months of their enrollment date or from 7/6/06, whichever is later.
 - All staff (excluding new hires employed less than 90 days) have one year from date of enrollment to complete training.
(Implementation Update # 10, 7/6/2006)
- Request a copy, if they have a written process.
- If they have an unwritten process, ask the provider to explain the process and record it on paper to be attached to the tool.

Q3 – Tracking System

- The reviewer will ask the provider how they ensure that the face-to-face and out-of-office/onsite treatments are occurring per the service definition requirements (see below for the specific requirements for each service).
- Request a copy, if they have a written process.
- If they have an unwritten process, ask the provider to explain the process and record it on paper to be attached to the tool.

SPECIFIC REQUIREMENTS:

Community Support – Adults and Child/Adolescents (CS-Adult, CS-Child)

1. Minimum of 2 contacts per month with one being face-to-face.
2. Annually, minimum of 60% of services delivered must be performed face-to-face with the recipient.
3. Annually, minimum of 60% of staff time must be spent working outside of the agency's facility, with or on behalf of the recipients.

Mobile Crisis Management

1. Annually, the team providing this service must provide at least 80% of their units on a face-to-face basis with the recipients of this service.

Diagnostic/Assessment (DA)

1. No specific requirements in this area. (Mark the tool NA for this service)

Intensive In-Home Services (IIH)

1. Annually, at least 60% of contacts occur face-to-face with the youth and/or family. The remaining units may be phone or collateral contacts.
2. Annually, at least 60% of staff time must be spent outside of the agency's facility, with or on behalf of the recipient.

Multisystemic Therapy (MST)

1. Annually, at least 50% of the contacts occur face-to-face with the youth and/or family. The remaining units may be phone or collateral contacts.
2. Annually, at least 60% of staff time must be spent working outside of the agency's facility, with or on behalf of the recipient.

Assertive Community Treatment Team (ACTT)

1. Annually, at least 80% of staff time must be face-to-face with the recipient. The remaining units may be phone or collateral contacts.
2. Annually, each team shall set a goal of providing 75% of service contacts in the community (non office based or non facility based settings).

Psychosocial Rehabilitation (PSR)

1. No specific requirements in this area. (Mark the tool NA for this service)

Child and Adolescent Day Treatment

1. At least 50% of the treatment services shall be provided in the on-site licensed facility.

Partial Hospitalization (PH)

1. No specific requirements in this area. (Mark the tool NA for this service)

Substance Abuse Intensive Outpatient Program (SAIOP)

1. Clinical supervisor (CCS or CCAS) must be on-site a minimum of 50% of the hours the service is in operation.

Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)

1. Clinical supervisor (CCS or CCAS) must be on site a minimum of 90% of the hours the service is in operation.

Q4 – Staff/Team Requirements

- Review evidence of each team member's professional/paraprofessional status (in relation to the position) and the date the individual assumed the responsibilities of the position. (See below for the specific requirements for each service).
- (4a) Determine the date the provider first met the service staffing requirement (this would generally be the date that the last team member or individual was placed in that position) and enter this date in the box (xx/xx/xx). If the provider has not met the staffing requirements, rate 4a as "not met".
- (4b) Compare the date in 4a with the date pre-printed on the tool (First Service Date Billed) and rate accordingly.
- To rate Q4 overall, 4a must have a date and 4b must have a rating of "met" in order for the overall rating to be "met".

SPECIFIC REQUIREMENTS:

Community Support – Adult, Child/Adolescents (CS-Adult, CS-Child)

1. Persons who meet the requirements for Qualified Professional or Associate Professional may deliver Community Support.
2. Paraprofessionals may deliver CS services to assist the individual with critical daily living and coping skills.

Mobile Crisis Management

Team of individuals to include:

1. QP who must be a nurse, clinical social worker or psychologist.
2. CCAS, CCS or a Certified Substance Abuse Counselor (CSAC).
3. Access (24/7/365) to a board certified or eligible psychiatrist.
4. A QP or AP with Developmental Disabilities experience must be available to the team.
5. A Paraprofessional with competency in crisis management may be a team member but is not required.

Diagnostic/Assessment (DA)

Team of individuals to include:

1. Two QP's who are licensed or certified clinicians:
 - one (1) who is a qualified practitioner whose professional license or certification authorizes the practitioner to diagnose mental illness and/or addictive disorders
 - one (1) must be an MD, DO, Nurse Practitioner, Physician Assistant or licensed psychologist

2. For Substance Abuse focused services, the team must include a CCS or CCAS
3. For Developmental Disabilities services, the team must include a Master's level qualified professional with at least two years experience with the population.

Intensive In-Home Services (IIH)

Team of individuals to include:

1. Both a licensed professional and a minimum of 2 staff who are AP's or provisionally licensed
2. For services focused on substance abuse intervention, the team must include a CCS, CCAS or CSAC.

Multisystemic Therapy (MST)

Team of individuals to include:

1. At a minimum, a master's level QP (team supervisor)
2. Must have a minimum of three (3) QP staff (in addition to the master's level team supervisor).

Community Support Team (CST)

Team of three (3) individuals to include:

1. Team leader must be a QP who:
 - is at least .5 FTE
 - provides clinical and administrative supervision of the team
 - is a practicing clinician on the team
2. The other 2 staff may be:
 - QP with the knowledge, skills and abilities required by the population and age; AND
 - AP with the knowledge, skills and abilities required by the population and age; AND
 - Paraprofessional with the knowledge, skills and abilities required by the population and age; OR
 - Certified Peer Support Specialist.

Assertive Community Treatment Team (ACTT)

Teams that serve approximately 100 individuals must employ, at a minimum, 10 FTE to include:

1. Team Leader. Must have a team leader with a master's level QP status.
2. Psychiatrist. Must have a psychiatrist who works full or part-time for a minimum of 16 hours per 50 individuals.
3. Registered Nurses. Must have a minimum of 2 FTE registered nurses.
 - One (1) nurse must have a QP status or be an Advanced Practice Nurse
 - The other nurse must have at minimum an AP status
4. Other Mental Health Professionals.

- Must have a minimum of 4 FTE QP or AP (in addition to the team leader)
 - At least one (1) must be designated as the vocational specialist (preferably with a master's degree in rehab. counseling).
 - At least one-half of these staff shall be master's level professionals.
5. **Substance Abuse Specialist.** Must have one (1) FTE who has QP status and is a CCS, CCAS or CSAC.
 6. **Certified Peer Support Specialist.** Must have a minimum of one (1) FTE Certified Peer Support Specialist.
 7. **Remaining Clinical Staff.**
 - May be Bachelor's level and Paraprofessional mental health workers.
 - A Bachelor's level has a degree in social work or a behavioral science and work experience.
 - A Paraprofessional may have a Bachelor's degree in another field or have a high school degree and work experience.
 - At least one-half of these staff shall be master's level professionals.
 8. **Program/Administrative Assistant.** Must have one (1) FTE program/administrative assistant responsible for organizing, coordinating and monitoring all non-clinical operations.

Teams serving no more than 50 individuals must employ a minimum of 6 to 8 FTE multidisciplinary clinical staff, to include:

1. One (1) team leader (MHP).
2. One (1) registered nurse.
3. One (1) FTE peer specialist.
4. One (1) FTE program assistant
5. Sixteen (16) hours of psychiatrist time for every 50 individuals.
6. One of the multidisciplinary clinical staff should be a CCS, CCAS or CSAC.

Psychosocial Rehabilitation (PSR)

1. The program shall be under the direction of a person who meets QP status.
2. Other program staff may include AP's and Paraprofessionals who meet requirements.

Child and Adolescent Day Treatment

1. The program shall be under the direction of a person who meets QP status.
2. Must have minimum ratio of one (1) QP staff to every six (6) children/adolescents.
3. QP, AP and Paraprofessionals may deliver Day Treatment with appropriate supervision.

4. For programs addressing substance abuse/dependency diagnosis, CCS, CCAS and CSAC may deliver services. QP, AP and Paraprofessionals may deliver Day Treatment under supervision of a CCS or CCAS.

Partial Hospitalization (PH)

Team of individuals to include:

1. Service is in a licensed facility under the direction of a physician (may or may not be hospital based).
2. Team may have configuration as follows: social workers, psychologists, therapists, case managers or other MH/SA paraprofessional staff.

Substance Abuse Intensive Outpatient Program (SAIOP)

1. Must have CCS or CCAS as clinical supervisor.
2. CCS, CCAS and CSAC may deliver SAIOP.
3. Staff who meets QP or AP status for Substance Abuse and Paraprofessionals may deliver SAIOP services under the appropriate supervision.

Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)

1. Must have CCS or CCAS as clinical supervisor.
2. CCS, CCAS and CSAC may deliver SACOT Program.
3. Staff who meets QP or AP status for Substance Abuse may deliver clinical services under the appropriate supervision.
4. Paraprofessionals may deliver SACOT Program under the appropriate supervision.

Q5 – First Responder/Crisis Response Requirements

- This question only applies to CS, CST, MST, ACTT, IHH, SAIOP and SACOT. Rate this question NA for all other services.
- The reviewer will ask the provider how they meet the first responder requirement of availability on a 24/7/365 basis.
 - Request a copy if written or ask the provider to explain the process and record it on paper to be attached to the tool.
- Ask how the provider ensures the individual receives, at initial contact, both oral and written notification of the process for accessing emergency services (per MOA).
 - Request a copy if written or ask the provider to explain the process and record it on paper to be attached to the tool.

MEMORANDUM OF AGREEMENT AND MOA (Q6 – Q11)

The following questions need only be answered one time for each provider. If a provider is seen for more than one service, simply transfer the results of the first tool to the subsequent tool(s).

Q6 – Tracking Referrals

- The reviewer will ask the provider if they have a system to track all referrals for services (formal referrals, walk-ins, etc.) and will request a copy, if written.
- If they have an unwritten process, ask the provider to explain the process and record it on paper to be attached to the tool.

Q7 – Tracking Submission of Complaints/Incidents

- The reviewer will ask the provider if they have a system to track all complaints/incidents and will request a copy, if written.
- If they have an unwritten process, ask the provider to explain the process and record it on paper to be attached to the tool.

Q8 – Tracking CDW/NCTOPPS data

- The reviewer will ask the provider if they have a system to track submission of CDW data to the LME and request a copy, if written.
- The reviewer will ask the provider if they have a system to track the submission of NCTOPPS to the Division. Request a copy, if written.
- If they have an unwritten process, ask the provider to explain the process and record it on paper to be attached to the tool.
- If one element is not met, note in the comment section.
- Both elements must be met to rate this questions as “met”.

Q9 – Policy on Use of Restrictive Interventions

- The reviewer will ask the provider for a current copy of the policy.

Q10 – Policy on Maintaining Client Rights Committee

- The reviewer will ask the provider for a current copy of the policy.

Q11 – National Accreditation

- This question is being considered information only.
- Ask if the provider has begun the process of National Accreditation and record the name of the accrediting agency and projected completion date. (Accreditation is to be completed within three years of the provider’s enrollment date, as per the Service Definition).
- If this question is rated “not met” because the provider has not begun this process, it will not affect the overall rating of this tool, if all else has been rated “met”.